STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395634	A. BLDG: 00 B. WING:	05/18/2023

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
SOUDERTON MENNONITE HOMES STATE LICENSE NUMBER: **050202**	**207 WEST SUMMIT STREET** **SOUDERTON, PA 18964**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT Based on a Medicare/Medicaid Recertification survey, State Licensure survey, Civil Rights Compliance survey, and an Abbreviated survey in response to a complaint completed on May 19, 2023, it was determined that Souderton Mennonite Homes was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey.	F 0000		
F 0689 SS=D		F 0689		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0689 SS=D	Continued from page 1 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:	F 0689	1) The cabinet identified has capability to lock and was locked on 05/17/2023 by the Assistant Director of Healthcare Services. The key will be secured in a lockbox in the spa room that requires a combination to open. The combination will only be provide to staff. There is updated signage on the cabinet as a visual cue to lock the cabinet upon placing contents back in the cabinet. 2)The Assistant Director of Healthcare Services or designee will audit the cabinet daily for four weeks or until compliance is achieved to ensure it is secure when not in use. 3)The Director of Healthcare Services provided education to care staff on the expectation to lock the cabinet when not in use and the regulation regarding maintaining an environment that is free of accident hazards on 05/19/2023. 4)The Director of Healthcare Services or designee will report audit results to QAPI for further review	Completion Date: **06/27/2023** Status: **APPROVED** Date: **05/31/2023**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
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F 0689 SS=D	Continued from page 2	F 0689	and recommendations. The Director of Healthcare Services or designee will be responsible to follow-up on any recommendations made from the QAPI committee.	

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F 0689 SS=D	Continued from page 3 Based on observation, it was determined that the facility failed to ensure that the facility environment remained free of accident hazards in the shower room. (Spa 3665) Findings include: During multiple observations of the shower room from May 16, 2023, at 11:50 a.m., to May 17, 2023, at 12:55 p.m., a cabinet was unlocked and contained a package of disposable razors, shaving cream, deodorant, barrier cream, body lotion, anti-itch cream, a hairdryer and toothpaste. There was no locking mechanism on the door to the shower room to prevent a resident from entering the room. In an interview on May 16, 2023, at 1:00 p.m., the Director of Nursing stated that there were eight residents that resided on the nursing unit that were ambulatory and cognitively impaired. 28 Pa. Code 211.12(d)(5) Nursing services.	F 0689		

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F 0689 SS=D	Continued from page 4	F 0689		

Certified End Page

SOUDERTON MENNONITE HOMES

STATE LICENSE NUMBER: 050202

SURVEY EXIT DATE: 05/18/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi
Deputy Secretary for Quality Assurance

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

pennsylvania
DEPARTMENT OF HEALTH

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY